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Fill in this information to identify your case:					
Debtor 1	_ Terry	Н.	Smith		
	First Name	Middle Name	Last Name		
Debtor 2	Sharon	E.	Smith		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:			Eastern District of Texas		
Case number (if known) 22-41454					

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property.* If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Cla	aims				
Do any creditors have priority unsecured claims aga No. Go to Part 2. Yes.	inst you?				
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)					
		Total claim	Priority amount	Nonpriority amount	
Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or person injury while you were intoxicated Other. Specify				

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				Doddinen	1 age 2 of 12	
Debto		Terry	H. E.	Smith		
Debto	2	Sharon First Name	Middle Name	Smith Last Name	Case number (if known) 22-41	454
		First Name	Middle Name	Last Name		
Part 2	2: List All	of Your NO	NPRIORITY Unsecur	ed Claims		
0 0		b		0		
3. D		•	oriority unsecured claim			
_		nave nothing to	report in this part. Subm	it this form to the	court with your other schedules.	
¥	Yes.					
					er of the creditor who holds each claim. If a creditor has more the	
					laim listed, identify what type of claim it is. Do not list claims alre	
		Page of Part 2		ist the other credi	tors in Part 3. If you have more than three nonpriority unsecured	ciaims iii out the
		. 490 0 4				Total claim
						\$1,340.00
4.1	ARstart	Pr. I. M.		La	st 4 digits of account number 3020 -	\$1,340.00
		reditor's Name		WI	nen was the debt incurred? 2020	
	Number	Street 2nd Floor Street	or	_	of the date you file, the claim is: Check all that apply.	
	Denison, T				Contingent	
	City		State ZIP Code		Unliquidated	
	Who incurre	ed the debt?	Check one.		Disputed	
	☐ Debtor	1 only		Ту	pe of NONPRIORITY unsecured claim:	
	☐ Debtor 2	2 only			Student loans	
	✓ Debtor	1 and Debtor 2	2 only		Obligations arising out of a separation agreement or	
	☐ At least	one of the del	otors and another		divorce that you did not report as priority claims	
	☑ Check i	f this claim is	for a community debt	_	Debts to pension or profit-sharing plans, and other similar debts	
		subject to off	•	⊴		
	√ No				Medical Bill	
	☐ Yes					
4.2	0					\$603.00
_		he Home Dep reditor's Name	ot		st 4 digits of account number 6044 -	
			ntralized Bk dept		nen was the debt incurred? 12/01/2019	
	PO Box 79		•		of the date you file, the claim is: Check all that apply.	
	Number	Street			Contingent	
	St Louis, N	/IO 63179			Unliquidated	
	City		State ZIP Code		-1	
		ed the debt?	Check one.	•	pe of NONPRIORITY unsecured claim:	
	☐ Debtor	,			Student loans	
	Debtor 2	•			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	_	1 and Debtor 2	•		Debts to pension or profit-sharing plans, and other	
	☐ At least	one of the del	otors and another	,	similar debts	
	☐ Check i	f this claim is	for a community debt	☑	Culon Opeciny	
		subject to off	set?		Credit Card	
	☑ No					
	☐ Yes					
4.3	Citibank/TI	he Home Dep	ot	La	st 4 digits of account number 2080 -	\$924.00
		reditor's Name			nen was the debt incurred? 07/01/2016	
	Citicorp Cr	redit Srvs/Cer	ntralized Bk dept		of the date you file, the claim is: Check all that apply.	
	PO Box 79				Contingent	
	Number	Street			Unliquidated	
	St Louis, N City	10 63179	State ZIP Code		Disputed	
	•	ed the debt? C			pe of NONPRIORITY unsecured claim:	
	Debtor		AIGUN UIIG.		Student loans	
	Debtor 2	•			Obligations arising out of a separation agreement or	
		2 only 1 and Debtor 2	2 only		divorce that you did not report as priority claims	
	_		otors and another		Debts to pension or profit-sharing plans, and other	
			for a community debt	⊴	similar debts	
		subject to off	•	ŽI.	Other. Specify Credit Card	
	is trie cidiffi	aubject to off	3 0 1 :			

☑ No

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Debtor 1 Debtor 2	Terry Sharon	H. E.	Smith Smith	Case number (if known)	22-41454
	First Name	Middle Name	Last Name		
Part 2: Yo	ur NONPRIORITY	Unsecured Claims	- Continuatio	on Page	
				, followed by 4.6, and so forth.	Total claim
4.4 Cons	umer Reports		L	ast 4 digits of account number 0345	\$20.00
	ority Creditor's Name			When was the debt incurred? 2022	
	ox 2073			As of the date you file, the claim is: Check all that apply.	
Numbe			_	Contingent	
	n, IA 51593-0272	State ZIP Code			
City			_	☐ Unliquidated	
_	ncurred the debt? Ch	ieck one.		」 Disputed	
	ebtor 1 only			ype of NONPRIORITY unsecured claim:	
,	ebtor 2 only		Ļ	Student loans	
☑ D∈	ebtor 1 and Debtor 2	only	Ļ	Obligations arising out of a separation agreement or	
☐ At	least one of the debt	tors and another	Г	divorce that you did not report as priority claims	
☐ Cł	neck if this claim is fo	or a community debt	•	■ Debts to pension or profit-sharing plans, and other similar debts	
	claim subject to offs	et?	5	Other. Specify	
☑ No)			Subscription	
☐ Ye	es				
4.5 FC&A			L	ast 4 digits of account number 63-9	\$20.00
	ority Creditor's Name			When was the debt incurred? 2022	
103 C	lover Green			As of the date you file, the claim is: Check all that apply.	
Numbe	r Street		_	Contingent	
	ntree City, GA 30269				
City		State ZIP Code		☐ Unliquidated	
_	ncurred the debt? Ch	neck one.		Disputed	
_	ebtor 1 only		_	ype of NONPRIORITY unsecured claim:	
,	ebtor 2 only		Ļ	Student loans	
⊻ De	ebtor 1 and Debtor 2	only	Ĺ	□ Obligations arising out of a separation agreement or	
☐ At	least one of the debt	tors and another	Г	divorce that you did not report as priority claims	
☐ Cł	neck if this claim is fo	or a community debt		→ Debts to pension or profit-sharing plans, and other similar debts	
Is the	claim subject to offs	et?	5	Other. Specify	
☑ No)			Medical Bill	
☐ Ye	es				
4.6 Guide	eposts			ast 4 digits of account number 6452	\$45.24
	ority Creditor's Name			When was the debt incurred? 2022	
Po Bo	x 5806				
Numbe	r Street		_	As of the date you file, the claim is: Check all that apply.	
	n, IA 51593-1306	7100		☐ Contingent	
City	141 1140 0	State ZIP Code	_	☐ Unliquidated	
_	ncurred the debt? Ch	neck one.		☐ Disputed	
_	ebtor 1 only		T	ype of NONPRIORITY unsecured claim:	
,	ebtor 2 only			Student loans	
₫ De	ebtor 1 and Debtor 2	only		Obligations arising out of a separation agreement or	
☐ At	least one of the debt	tors and another	г	divorce that you did not report as priority claims	
☐ Cł	neck if this claim is fo	or a community debt	Ļ	→ Debts to pension or profit-sharing plans, and other similar debts	
	claim subject to offs	et?	5	Other. Specify	
₫ No				Subscription	

☐ Yes

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Debto Debto		Terry Sharon First Name	H. E. Middle Name	Smith Smith Last Name		Case number (if known) 22-	-41454
Part	2: Your	NONPRIORITY	Unsecured Claims	- Continuation	Page		
Afte	r listing an	y entries on this p	page, number them beç	ginning with 4.5, f	followed by 4.6, and so forth.		Total claim
1.7		Revenue Service	(p)	La	st 4 digits of account number	6807	\$2,756.00
	. ,	Creditor's Name		WI	nen was the debt incurred?	2013	
	PO Box	7346 Street		As	of the date you file, the claim	is: Check all that apply.	
			246		Contingent		
	City	phia, PA 19101-73	State ZIP Code		Unliquidated		
	•	rred the debt? Ch	eck one.		Disputed		
	☐ Debto	or 1 only			pe of NONPRIORITY unsecure	od claim:	
	_	or 2 only		-	Student loans	eu ciaiii.	
		or 1 and Debtor 2 o	only				
			•	_	Obligations arising out of a sidivorce that you did not repo	eparation agreement or rt as priority claims	
		ast one of the debte			Debts to pension or profit-sha	• •	
			or a community debt		similar debts	annig plane, and earer	
		im subject to offse	et?		Other. Specify		
	☑ No						
	☐ Yes						
1.8	Kohls/Ca	apital One		La	st 4 digits of account number	5532	\$2,967.00
	Nonpriority	Creditor's Name		WI	nen was the debt incurred?	09/01/2015	
	Attn: Cre	edit Administrato	<u> </u>	As	of the date you file, the claim	is: Check all that apply.	
	PO Box					, , , , , , , , , , , , , , , , , , , ,	
	Number	Street	_	П	Unliquidated		
	Milwauk City	ee, WI 53201-3043	State ZIP Code		·		
	,	rred the debt? Ch				- d -l-b	
	_	or 1 only	eck one.		pe of NONPRIORITY unsecure	ed claim:	
	_	•			Otado Iodi.io		
		or 2 only		Ц	Obligations arising out of a sidivorce that you did not repo		
		or 1 and Debtor 2 of	•		Debts to pension or profit-sha	•	
	☐ At lea	ast one of the debt	ors and another	_	similar debts	aring plans, and other	
			or a community debt	$\mathbf{\Delta}$	Other. Specify		
		im subject to offse	et?		Credit Card		
	☑ No						
	☐ Yes						
1.9	Midnight	t Velvet		La	st 4 digits of account number	5290	\$251.00
	Nonpriority	Creditor's Name		wi	nen was the debt incurred?	04/01/2022	
	1112 7th				of the date you file, the claim		
	Number	Street		_	Contingent	ilor onook an trial apply.	
	Monroe, City	WI 53566-1364	State ZIP Code		•		
	•	rred the debt? Ch		_	•		
	Debto		COR OTIC.		Disputed		
	_	,			pe of NONPRIORITY unsecure	ed claim:	
	,	or 2 only			Student loans		
		or 1 and Debtor 2 of	•		Obligations arising out of a s divorce that you did not repo		
		ast one of the debto			Debts to pension or profit-sha	•	
			or a community debt	_	similar debts	anny piano, and other	
		im subject to offse	et?	⊴	Outon Opeony		
	☑ No				Credit Card - Montgomery V	Vard	
	Yes						

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Debtor 1 Debtor 2	Terry Sharon	H. E.	Smith Smith	Case number (if known) 2	2-41454
	First Name	Middle Name	Last Name		
Part 2: Y	our NONPRIORITY	Unsecured Clain	ns - Continuation	n Page	
rart z.		Onsecured ordin	13 CONTINUATION		
After listin	ng any entries on this	page, number them I	peginning with 4.5,	followed by 4.6, and so forth.	Total claim
4.10 Par i	is Regional Medical C	Center	L	ast 4 digits of account number 1144	\$1,340.00
	priority Creditor's Name			/hen was the debt incurred? 2020	
<u>865</u>	Deshong Dr.				
Numl	ber Street			s of the date you file, the claim is: Check all that apply.	
	is, TX 75460			Contingent	
City		State ZIP Code	_	⅃ Unliquidated	
_	incurred the debt? C	heck one.	L	Disputed	
U 1	Debtor 1 only		Ty	ype of NONPRIORITY unsecured claim:	
	Debtor 2 only			Student loans	
$\mathbf{\Delta}$	Debtor 1 and Debtor 2	only		Obligations arising out of a separation agreement or	
	At least one of the deb	tors and another		divorce that you did not report as priority claims	
	Check if this claim is f	or a community deb	t	Debts to pension or profit-sharing plans, and other similar debts	
Is th	e claim subject to offs	set?	¥		
1	No		_	Medical Bill	
	Yes				
4.11 Qua	ality Care ER		1.	and A digita of account number 6225	\$1,880.00
	oriority Creditor's Name			ast 4 digits of account number 6325	<u> </u>
	Box 12781			/hen was the debt incurred? 2022	
Numl			_	s of the date you file, the claim is: Check all that apply.	
Okla	ahoma City, OK 7315	7-2781		Contingent	
City		State ZIP Code		Unliquidated	
Who	incurred the debt? C	heck one.		Disputed	
	Debtor 1 only		Ty	ype of NONPRIORITY unsecured claim:	
	Debtor 2 only			Student loans	
1	Debtor 1 and Debtor 2	only		Obligations arising out of a separation agreement or	
	At least one of the deb	tors and another	_	divorce that you did not report as priority claims	
	Check if this claim is f	or a community deb	t	Bobto to portolori or profit orialing plane, and other	
	e claim subject to offs	-	- •	similar debts	
$\mathbf{\Delta}$			•	Other. Specify Medical Bill	
					\$147.00
	ality Care ER priority Creditor's Name			ast 4 digits of account number 1046	<u>Ψ147.00</u>
	5 41st St SE Suite 10	1	W	/hen was the debt incurred? <u>08/25/2022</u>	
Numl		1	— А	s of the date you file, the claim is: Check all that apply.	
Pari	is, TX 75462			Contingent	
City	•	State ZIP Code		1 Unliquidated	
Who	incurred the debt? C	heck one.		D isputed	
	Debtor 1 only		Ty	ype of NONPRIORITY unsecured claim:	
	Debtor 2 only			Student loans	
1	Debtor 1 and Debtor 2	only		Obligations arising out of a separation agreement or	
	At least one of the deb	•		divorce that you did not report as priority claims	
	Check if this claim is f		•	Dobto to porioier or profit orialing plane, and other	
	e claim subject to offs	•		similar debts	
∑			¥	Other. Specify Medical Bill	

☐ Yes

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Debtor 1 Debtor 2	Terry Sharon First Name	H. E. Middle Name	Smith Smith Last Name	Case number (if known) _2	22-41454
Part 2: You	r NONPRIORITY	Unsecured Claims	- Continuation Page		
After listing a	any entries on this pa	age, number them beç	ginning with 4.5, followed by 4.6, an	nd so forth.	Total claim
Nonprior	VIvan Smith rity Creditor's Name Bankruptcy		Last 4 digits of acco When was the debt i		\$3,327.00
Number Orlanc City Who in Del Del At I	curred the debt? Chebtor 1 only btor 2 only btor 1 and Debtor 2 of the debtor 2 only least one of the debtor eck if this claim is for the subject to offset	only ors and another or a community debt	Contingent Unliquidated Disputed Type of NONPRIORI Student loans Obligations arisin divorce that your	TY unsecured claim: ng out of a separation agreement or did not report as priority claims or profit-sharing plans, and other	
Nonprior Attn: E PO Bo Number Orlanc City Who in Del At II Che Is the c	curred the debt? Chebtor 1 only btor 2 only btor 1 and Debtor 2 of least one of the debtor eck if this claim is for	only ors and another or a community debt	Contingent Unliquidated Disputed Type of NONPRIORI Student loans Obligations arisin divorce that your	<u> </u>	<u>\$817.00</u>
Nonprior Attn: E PO Bo Number Orlance City Who in Del Del At I Che	Avaimart Avaima	only ors and another or a community debt	As of the date you file Contingent Unliquidated Disputed Type of NONPRIORI Student loans Obligations arisin divorce that you	incurred? 08/01/2019 ile, the claim is: Check all that apply. TY unsecured claim: Ing out of a separation agreement or did not report as priority claims or profit-sharing plans, and other	\$1,671.00

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Debtor 1 Debtor 2	Terry Sharon	H. E.	Smith Smith	Case number (if known) 22-41454
	First Name	Middle Name	Last Name	· /
			- Continuation Page	4.6, and so forth. Total claim
Nonprior PO Bo Number Dallas, City Who ind Det Det At le	laim subject to offs	State ZIP Code neck one. only tors and another or a community debt	When was the As of the date Contingen Unliquidat Disputed Type of NONP Student lo Obligation divorce the	ed RIORITY unsecured claim: ans s arising out of a separation agreement or at you did not report as priority claims pension or profit-sharing plans, and other ots ecify

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Debtor 1	Terry	H.	Smith	
Debtor 2	Sharon	E	Smith	Case number (if known) 22-41454
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5.	collection agency is trying to colle agency here. Similarly, if you have	ect from ye more that	ou for a debt an one credite	It your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection or for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you bots in Parts 1 or 2, do not fill out or submit this page.
	Attorney General of the United	l States		On which entry in Part 1 or Part 2 did you list the original creditor?
	Name			Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
	950 Pennsylvania Ave. Nw Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Part 2: Creditors with Nonpriority Unsecured Claims
	Washington, DC 20530-0001	State	ZIP Code	Last 4 digits of account number
	Capital One - Walmart			On which entry in Part 1 or Part 2 did you list the original creditor?
	Name PO Box 60519			Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
	City of Industry, CA 91716			Fait 2. Creditors with Nonpholity offsecured Claims
	City	State	ZIP Code	Last 4 digits of account number
	Capital One - Walmart Name			On which entry in Part 1 or Part 2 did you list the original creditor?
	PO Box 60519			Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
	City of Industry, CA 91716			
	City	State	ZIP Code	Last 4 digits of account number
	Capital One (p)			On which entry in Part 1 or Part 2 did you list the original creditor?
	Name			
	Attn: Bankruptcy			Line <u>4.8</u> of (<i>Check one</i>): Part 1: Creditors with Priority Unsecured Claims
	PO Box 30285			Part 2: Creditors with Nonpriority Unsecured Claims
	Number Street		_	Last 4 digits of account number
	Salt Lake City, UT 84130-0285			Last 4 digits of account number
	City	State	ZIP Code	
	Citibank NA (p)			On which entry in Part 1 or Part 2 did you list the original creditor?
	Name			Line 4.2 of (<i>Check one</i>): Part 1: Creditors with Priority Unsecured Claims
	701 East 60th Street North			
	Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
	Sioux Falls, SD 57117 City	State	ZIP Code	Last 4 digits of account number
	Oity	State	Zii Code	
	Citibank NA (p)			On which entry in Part 1 or Part 2 did you list the original creditor?
	Name 701 East 60th Street North			Line _4.3_ of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
	Sioux Falls, SD 57117			— Tart 2. Orcanors with Northhority offsecured oranins
	City	State	ZIP Code	Last 4 digits of account number
	Guideposts			On which entry in Part 1 or Part 2 did you list the original creditor?
	Name			• • •
	PO Box 5815			Line <u>4.6</u> of (<i>Check one</i>): Part 1: Creditors with Priority Unsecured Claims
	Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
	Harlan, IA 51593			Last A Parks of account wombon
	City	State	ZIP Code	Last 4 digits of account number

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 Debtor 1
 Terry
 H.
 Smith

 Debtor 2
 Sharon
 E.
 Smith
 Case number (if known) 22-41454

 First Name
 Middle Name
 Last Name

<u> </u>	Home Depot			On which entry in Part 1 or Part 2 did you list the original creditor?
	lame			Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
_	PO Box 6497			
	lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
_	Sioux Falls, SD 57117-6497	0	715.0	Last 4 digits of account number
C	City	State	ZIP Code	Last 4 digits of account number
<u> </u>	Home Depot			On which entry in Part 1 or Part 2 did you list the original creditor?
N	lame			
<u>_ F</u>	PO Box 6497			Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
N	lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
_5	Sioux Falls, SD 57117-6497			
С	City	State	ZIP Code	Last 4 digits of account number
	Home Depot Credit Services			On which entry in Part 1 or Part 2 did you list the original creditor?
	lame			
<u> </u>	PO Box 790328			Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
N	lumber Street			☑ Part 2: Creditors with Nonpriority Unsecured Claims
5	Saint Louis, MO 63179			, ,
C	City	State	ZIP Code	Last 4 digits of account number
	Home Depot Credit Services			On which entry in Part 1 or Part 2 did you list the original creditor?
	lame			•
F	PO Box 790328			Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
N	lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
5	Saint Louis, MO 63179			
_	City	State	ZIP Code	Last 4 digits of account number
ŀ	van Smith Furniture			On which entry in Part 1 or Part 2 did you list the original creditor?
_	lame			
,	Attn: Bankruptcy Dept			Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims
_	PO Box 965064			☑ Part 2: Creditors with Nonpriority Unsecured Claims
_	lumber Street			
	Orlando, FL 32896-5064			Last 4 digits of account number
_	City	State	ZIP Code	
	only .	Otate	Zii Code	
_	van Smith Furniture/Synchro	ny(p)		On which entry in Part 1 or Part 2 did you list the original creditor?
N	lame			Line _4.13_ of (Check one): Part 1: Creditors with Priority Unsecured Claims
c	c/o Synchrony Bank Attn: Bar	nkruptcy l	Dept	
F	PO Box 965061			Part 2: Creditors with Nonpriority Unsecured Claims
N	lumber Street			Lock Addition of account number
(Orlando, FL 32896-5061			Last 4 digits of account number
	City	State	ZIP Code	
	Kohl's(p)			On which entry in Part 1 or Part 2 did you list the original creditor?
	lame			
	Po Box 3043			Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
N	lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
N	Milwaukee, WI 53201-3043			, ,
c	City	State	ZIP Code	Last 4 digits of account number

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 Debtor 1
 Terry
 H.
 Smith

 Debtor 2
 Sharon
 E.
 Smith
 Case number (if known) 22-41454

 First Name
 Middle Name
 Last Name

MiraMed Revenue (Group	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line _4.16_ of (Check one): Part 1: Creditors with Priority Unsecured Claims
360 E. 22nd Street Number Street		Part 2: Creditors with Nonpriority Unsecured Claims
		Part 2: Creditors with Nonpriority Unsecured Claims
Lombard, IL 60148	State ZIP	Code Last 4 digits of account number
•		
Montgomery Ward		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 3650 Milwaukee Str	·eet	Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims
Madison, WI 53714-	-2399	<u> </u>
City	State ZIP	Code Last 4 digits of account number
Paris Regional Med	lical Center	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	od Corito 450	Line 4.10 of (<i>Check one</i>): Part 1: Creditors with Priority Unsecured Claims
1597 Cole Boulevar Number Street	u suite 150	Part 2: Creditors with Nonpriority Unsecured Claims
Golden, CO 80401		Part 2. Creditors with Nonphority Orisecured Claims
City	State ZIP	Code Last 4 digits of account number
Quality Care ER Pa	ris	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.11 of (<i>Check one</i>): Part 1: Creditors with Priority Unsecured Claims
2675 41st Street SE Number Street	1	Part 2: Creditors with Priority Unsecured Claims
Paris, TX 75462		Part 2. Creditors with Nonphonty Onsecured Claims
City	State ZIP	Code Last 4 digits of account number
Synchrony Bank - V	Walmart(p)	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Attn: Bankruptcy D	ept	Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 965060 Number Street		— Tart 2. Ordators with Non-phonty offsecured dialins
Orlando, FL 32896-	5060	Last 4 digits of account number
City	State ZIP	Code
Synchrony Bank - V	Walmart(p)	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Attn: Bankruptcy D PO Box 965060	ерт	Part 2: Creditors with Nonpriority Unsecured Claims
Number Street		
Orlando, FL 32896-	5060	Last 4 digits of account number
City	State ZIP	Code
Synergy Radiology	Associates	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line 4.12 of (<i>Check one</i>): Part 1: Creditors with Priority Unsecured Claims
a division of single	ton associates, PA	Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 208108		Fait 2. Creditors with Nonpholity Orisecured Claims
Number Street	100	Last 4 digits of account number 9093
<u>Dallas, TX 75320-81</u> City	State ZIP	inde
Oity	State ZIF	ACCOUNTY OF THE PROPERTY OF TH

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Debtor 1 Terry H. Smith
Sharon E. Smith
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

United States Attorney's Office
Name

On which entry in Part 1 or Part 2 did you list the original creditor?

| Part 1: Creditors with Priority Unsecured Claims

United States Attorney's Office Name Att: Civil Process Clerk			On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
110 North College Avenue Su Number Street Tyler, TX 75702-0204	uite 700		Last 4 digits of account number
City	State	ZIP Code	

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		D	ocument	Page :	12 of 12			
Debtor 1 Debtor 2	Terry Sharon	H. E.	Smith Smith		Case r	∩umber <i>(if kı</i>	nown) 22-41454	
	First Name	Middle Name	Last Name			-		
Part 4: Add t	he Amounts fo	r Each Type of Unsecu	ured Claim					
	nounts of certain one of unsecured c		. This informatio	n is for sta	tistical reporting purpose	s only. 28 U	J.S.C. §159. Add the amounts	
					Total claim			
Total claims	6a. Domestic si	upport obligations		6a.	\$0	0.00		
	6b. Taxes and c government	ertain other debts you ow	e the	6b.	\$0	0.00		
	6c. Claims for d	leath or personal injury whated	nile you	6c.	\$0	0.00		

6e.

\$0.00

\$0.00

			Total claim
Total claims from Part 2	6f. Student loans	6f	\$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u> </u>	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + _	\$21,885.24
	6j. Total. Add lines 6f through 6i.	6j.	\$21,885.24

6d. Other. Add all other priority unsecured claims.

Write that amount here.

6e. Total. Add lines 6a through 6d.